

CULTURAL COMPETENCY TOOLKIT





“Good mental health is not just important for individuals’ health and happiness, but it is fundamental to the wellbeing and prosperity of our society. So, it’s vital that everyone can access the services they need to promote their mental health”.

Louis Appleby CBE

National Director for Mental Health in England, 2000-2010

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FOREWORD

All over the world, there is concern that the mental health services being delivered to ethnic minority communities are not as equal or specialist as they could be. In Ireland, we have limited research and evidence on the care pathways of people from ethnic minority groups and their experiences of mental healthcare provision. Even so, this concern is also a factor in our country. This is recognised in Mental Health Reform's position paper *Ethnic Minorities and Mental Health Guidelines* (www.mentalhealthreform.ie/resources) which states that:

'While there is very limited evidence on the prevalence of mental health difficulties among people from ethnic minority groups in Ireland, international research can provide an indication of the mental health needs among this group. Such research suggests that the rate of diagnosis of severe mental health difficulties is higher in migrant and ethnic minority groups while the rate of more common mental health difficulties is similar to the majority population. International authors have also concluded that refugees who have resettled in Western countries are ten times more likely to experience post-traumatic stress than the general population. Furthermore, research has found that there are differences in the rates of suicide between some ethnic minority communities and majority populations and that suicide rates are higher where the ethnic minority group is smaller in density. In terms of care and/or treatment, A UK study found that people of white British or Irish ethnicity were more likely to receive treatment following a suicide attempt than those from other ethnic groups.'

This belief is also covered in Ireland's new national mental health policy, *Sharing the Vision* (2020), which recommends (*Recommendation 61*), that:

'The HSE should maximise the delivery of diverse and culturally competent mental health supports throughout all services, by gathering service user and service delivery feedback regarding culturally appropriate service provision'

Over the last number of years a key priority for Mental Health Reform is to address this overall concern of less equitable services for ethnic minority communities in Ireland. We have made a commitment to update the *Ethnic Minorities and Mental Health Guidelines*, and to also carry out research aiming to:

‘develop and evaluate a training programme geared towards enhancing the cultural sensitivity skills and knowledge of staff in community mental health services in order to ensure that people from ethnic minority communities are receiving culturally appropriate mental health supports that adequately meet their needs’.

This *Ethnic Minority Communities and Mental Health – Cultural Competency Toolkit* has been developed in partnership with the Cabra Community Mental Health team and with the expert support of the Welsh pan-equality organisation Diverse Cymru. The aim is to provide practical tools and resources for you, as a mental health practitioner in Ireland. The Toolkit will help you provide more culturally appropriate services to improve the accessibility and quality of services for ethnic minority communities in Ireland.

This project was overseen by a steering group made up of representatives from the main stakeholder groups. These included mental health service users from ethnic minority communities, HSE Community Mental Health Services, and charity and voluntary organisations working with mental health service users from ethnic minority communities (e.g. Cairde, AkiDwa and the Cork Migrant Centre). It also included experts in cultural competence education and was funded by the HSE and The Sláintecare Integration Fund. The 2016 Ethnic Minorities and Mental Health guidelines has been used as a basis for the Toolkit. In addition, it’s been informed by the 2016 Diverse Cymru Cultural Competency Toolkit. Mental Health Reform would like to sincerely thank all of those who inputted into this important piece of work.



Legislative framework in Ireland

The Toolkit guidance is consistent with national policy in Ireland. This includes policy documents like *A Vision for Change* (2008), *Sharing the Vision* (2020), and the suicide prevention strategy *Connecting for Life and the National Intercultural Health Strategy 2007-2012*.

The Toolkit uses the term ‘*Ethnic Minority Communities*’, to identify the specific community groups that this Toolkit was designed to help. It refers to *members of the non-white community in Ireland, and (as identified in the 2016 Ireland census), minority groups such as, Roma, Gypsy, Traveller, South American, Chinese, and Eastern European categories*. In Appendix A, we explain our rationale and reasoning for using this terminology and language. Another phrase we use throughout the document is ‘*service user*’ rather than client/patient which has been traditionally used to describe somebody attending mental health services in Ireland.

To make this Toolkit as useful as possible, it has been written in a simple, factual, and non-academic manner. This means that you, as a practitioner can easily find the information that you are looking for. If further information is needed, you can read the partner document to this Toolkit, Mental Health Reform’s *Ethnic Minorities and Mental Health Guidelines*. In developing the Toolkit, Diverse Cymru are very grateful for the help and assistance provided from various sources within Mental Health Reform and also the Steering Group and other key stakeholders. It is hoped that this Toolkit provides the relevant techniques and interventions to help in the delivery of effective, culturally-competent, and user-centred services in Ireland.

INTRODUCTION

Many people, from a range of ethnic and cultural backgrounds, make up Ireland's ethnic minority population. This naturally creates a diverse mix of experience, skills, perspectives, and creativity. The first National Intercultural Health Strategy (NIHS) 2007–2012 noted that migrants in Ireland make up a diverse group in terms of country of origin, economic and social backgrounds, education and work experience, integration, and healthcare outcomes. Some are migrants (including foreign students, asylum seekers and refugees) and some are members of the Traveller and Roma community. As well as those that have newly arrived, other migrants are already settled in established communities. They may be in the country legally or may be facing barriers in getting permission to stay in Ireland. This diversity is captured in the recently published *Migrant Integration Strategy*.



When the first NIHS was published, increasing numbers of migrants were entering Ireland. As a result, awareness was developing around the need for the right services that could cater for their diverse health and care needs. That strategy provided a framework for addressing the many health and support needs of this diverse group. Fewer people are now migrating to Ireland than at the peak of the economic crisis in 2007. Even so, a large proportion of the population living in Ireland today is of non-Irish origin, with Census 2016 confirming that:

17.2% of the population in Ireland are foreign born.

The 2016 Census report shows that, in April 2016, there were 535,475 non-Irish nationals living in the country (a 1.6% decrease on the 2011 figure of 544,357) (CSO, 2017a), while the number of people holding dual citizenship (Irish– other country) had increased by 87.4% from 2011 to 104,784.

The 535,475 non-Irish nationals living in Ireland in April 2016 came from 200 different nations. Polish nationals were the largest group with 122,515, followed by 103,113 UK nationals and 36,552 Lithuanians. In total, only 12 nations, each with over 10,000 residents – America, Brazil, France, Germany, India, Italy, Latvia, Lithuania, Poland, Romania, Spain, and the UK – accounted for 73.6% of the total non-Irish national population. The category “White Irish” remains by far the largest group, accounting for 3,854,226 (82.2%) usual residents. This was followed by “Any other White background” (9.5%), non-

Chinese Asian (1.7%) and “other incl. mixed background” (1.5%). The 19,447 persons with Chinese ethnic/cultural background made up 0.4% of the usually resident population, while those of mixed backgrounds (70,603) constituted 1.5%. *Source: CSO (2016).*

The 535,475 non-Irish nationals living in Ireland in April 2016 came from 200 different nations.



In Appendix B, you’ll find research from other countries that reports the higher level of mental health difficulties and wellbeing challenges in people who are from ethnic minority communities. There are different reasons for this, including experiencing racism, health inequality, lack of appropriate support, and mental health stigma.

The disproportionate impact of COVID-19 on ethnic minority communities has further highlighted the mental health disparities and inequalities faced by ethnic minority communities. We have seen this through higher death rates, health anxiety, and financial distress, with each of these issues adding to existing inequalities.

The impact of COVID-19 on ethnic minority communities is well documented. In fact, a commonly reported view from government bodies, as to how to best handle these acknowledged inequalities and disparities can be summarised as follows:

'we recognise the need to provide more equitable services by developing culturally-competent workplace environments. These must be free from the impact of unconscious bias and offer truly diverse, inclusive mental health and wellbeing services where all ethnic minority communities feel a sense of belonging'.

It is important to make sure that all mental health services, being provided to ethnic minority communities are culturally appropriate, and take into account unconscious bias. With this in mind, the Toolkit has been structured around understanding the importance of providing culturally sensitive services. Alongside this, being aware of the linked concept of unconscious bias to help ensure more equitable outcomes is also an important consideration. You can find more details and descriptions of these two linked concepts of unconscious bias and cultural competence at Appendix C and D on pages 76 and 79 at the end of this Toolkit.

To help you achieve more equitable outcomes, the Toolkit first gives general information about the service delivery needs, barriers, and disparities for ethnic minority communities. It then sets out *Recommended Practices 1 to 4*, which provides specific practical guidance related to workplace practice. This will help you decide when and how to provide more appropriate, equitable, and culturally-competent mental health services.

- ★ In *Recommended Practice Consideration 1*, you'll find an outline of how mental health professionals can ensure they are aware and understand the impact of a lack of cultural competence and unconscious bias in the delivery of services.
- ★ In *Recommended Practice Consideration 2*, a mechanism is provided to help you measure and assess cultural competency improvement, showing you how to take action as required.

These symbols below will help you to navigate the Toolkit:



THE NEED

It's well understood that there is inequality in the services provided to ethnic minority communities accessing mental health services compared with non-ethnic minority service users. Mental Health Reform's *Ethnic Minorities and Mental Health Guidelines* document states that:

- ★ There is some research in Ireland on the mental health needs of members of the Irish Traveller community which is consistent with international research on higher risk of suicide. The All-Ireland Traveller Health Study – Our Geels 2010 found that instances of suicide are seven times higher among Traveller men than in the general population. This study also gave an indication of the self-reported psychological needs of Irish Travellers: 62.7% of Irish Traveller women said that their mental health was not good for one or more of the last 30 days compared to 19.9% of female medical card holders. Among Irish Traveller men 59.4% said that their mental health was not good for one or more of the last 30 days.
- ★ In a small-scale study in one mental health service in Dublin, there was no difference in rates of schizophrenia and bipolar diagnoses between individuals from ethnic minority groups and the general population. Furthermore, there was no significant difference in rates of depression or anxiety. However, the authors concluded that the low rate of schizophrenia diagnoses compared to international studies may indicate that migrants in need are not accessing mental health services.
- ★ International research shows that in Western countries people from the ethnic minority community access mental health services less than the majority population. In Ireland, adults from ethnic minority communities appear to be admitted to mental health inpatient units more than would be expected by their presence in the population. On the other hand, children and adolescents from ethnic minority communities appear to access mental health services less than would be expected by their presence in the population. The All-Ireland Traveller Health Study reported on access and use of services by the

90% of Travellers said they had **not used mental health services** in the previous 12 months.



Traveller community. It found that 90% of Travellers said they had not used mental health services in the previous 12 months and many perceived mental health services to be inadequate. In particular, the study found that Travellers tended not to use available counselling services due to a lack of culturally appropriate provision and social stigma.

- * It must be acknowledged that Ireland's population is diverse in terms of both ethnicity and country of origin and the number of people from other countries living in Ireland continues to grow.
- * Mental Health Reform has previously recommended that mental health services should serve the whole community, including individuals from ethnic minority groups. In keeping with international human rights treaties Ireland is obligated to protect the health of minority groups through targeted programmes.

When we look at Ireland, there quite clearly is a need which should be addressed. The best ways to serve these needs form a key consideration in the *Recommended Practices* resources sections in this Toolkit.



THE BARRIERS

The Cairde (2015) *Ethnic Minorities and Mental Health in Ireland: Barriers and Recommendations* report identifies a number of important issues. These show the barriers for individuals from ethnic minority groups in accessing mental health services in Ireland and include:

- ✦ A lack of understanding among mental health professionals of the social and cultural context for people from ethnic minority groups, including experiences of poverty, racism, discrimination, and other types of social exclusion.
- ✦ A lack of understanding among people from ethnic minority communities about mental health services and how to access them.
- ✦ Patterns of help-seeking behaviour and attitudes to mental health among ethnic minority groups.
- ✦ Services designed and developed in a way that reflects the majority culture.
- ✦ Issues of stigma and discrimination which prevent or dissuade people from ethnic minority groups from both accessing services and continuing with care.
- ✦ Issues of mistrust of mental health services among people from ethnic minority groups.
- ✦ A range of communication and language barriers, including lack of good quality interpretation services, lack of capacity among counsellors to work with interpreters, and differences in language used to describe mental health.
- ✦ Potential costs associated with mental health care, including transport costs associated with getting to and from appointments.



Further barriers have been identified by other steering group members from the Cairde report (2008) *New Communities and Mental Health in Ireland: A Needs Analysis*. And along with research from outside Ireland, these include:

- ✦ Lack of ability to effectively deliver healthcare services that meet the social, cultural, religious, and linguistic needs of ethnic minority individuals.
- ✦ Lack of understanding of cultural models of illness, including integrated/holistic and lifestyle medicine approaches. This can lead to a lack of variation in clinical practice and service provision.
- ✦ Perceived discrimination.
- ✦ Fear and dissatisfaction with services that stops ethnic minority communities from using them - as these mainstream services may be seen as inhumane, unhelpful, and inappropriate.
- ✦ A view that ethnic minority communities are not treated with respect and their voices are not heard.
- ✦ Services are not accessible, welcoming, relevant, or well-integrated with the community.
- ✦ Pre and post migration ethnic minority communities risk factors, such as unemployment, underemployment, racism, discrimination, and social isolation.
- ✦ A lack of understanding of psycho-social practical issues that affect recovery (child protection, housing, employment, immigration, social welfare).
- ✦ Protective factors – family, religion, migrant community influences.
- ✦ Different pathways of seeking help - for example through community and spiritual leaders.

When we mention these barriers, keep in mind that ethnic minority community groups are not homogenous groups. That the barriers for these diverse groups may be very different from one group to the next. In an Irish context, Cairde (2015) *Ethnic Minorities and Mental Health in Ireland: Barriers and Recommendations*, also highlights the fact that:

'mental health services and staff should be aware of such barriers which should be considered in the development of culturally appropriate service delivery'.... Before adding that the barriers information 'provides valuable evidence that should help shape and drive changes within mental health services'

With this in mind, how best to deal with these barriers form a key consideration in the *Recommended Practices* sections in this Toolkit.



HOW THE TOOLKIT CAN HELP YOUR WORKPLACE PRACTICE

Most people would agree that Ireland's settled population is ethnically diverse. Its immigration population of asylum seekers, refugees, and migrants, brings its own diversity in terms of people and cultures. We need to try new ways to deliver services that take into account cultural differences among the settled and emerging ethnic minority communities in the country.

Shifts in ethnic diversity are not just about numbers, but also the impact of cultural differences, and practices. We know that when providing culturally competent services to service users, there is a great deal of responsibility upon you as the mental health professional.

To help with this responsibility, you'll find some general tips, information, skills, and attributes below, on how best to develop Cultural Competence:



Tips



- ★ Expanding your understanding of the social context in which you work and having knowledge of the demographics in your area will be an important asset to help you develop a more rounded culturally competent service.
- ★ To expand your organisation's outreach, it is vital to recognise culture's profound effect on services/support/treatment outcomes and your willingness to learn more about it. Assess your own organisation for strengths and gather background information about the communities you serve.
- ★ Establish contacts by holding informal 'Information Days' about your services in a diverse area of the city, for example. Try and find out who the vicar, priest, imam, or holy man is in your area, or attend local festivals to relay information about your services and to learn about the communities' concerns and priorities.
- ★ Develop relationships with the ethnic minority community groups, and/or community leaders so you can build trust within the community.
- ★ Lead training to help develop cultural competence and unconscious bias skills.
- ★ Building rapport with the community and its leaders is a critical component of competency development.
- ★ Know who your service user sees as a "natural helper" and who they view as traditional helpers (such as elders, the church etc.). This can help build trust and enhance a person's interest and continued participation in treatment.

Information

- ★ Knowledge of service users' culture (history, traditions, values, family systems, artistic expressions).
- ★ Knowledge of the impact of racism and poverty on behaviour, attitudes, values, and disabilities.
- ★ Knowledge of the help-seeking behaviours of ethnic minority service users.
- ★ Knowledge of the roles of language, speech patterns, and communication styles in different communities.
- ★ Knowledge of the impact of the mental health and social service policies on ethnic minority service users.
- ★ Knowledge of the resources (i.e., agencies, persons, informal helping networks, research) available for ethnic minority service users and communities.
- ★ Recognition of how professional values may either conflict with, or accommodate the needs of service users from different cultures.
- ★ Knowledge of how power relationships within communities or institutions impact different cultures.
- ★ Knowledge of sexual orientation and of gender identity issues as well as other multiple identity issues.

Professional Skills

- ★ Techniques such as studying and/or mixing with diverse communities in order to learn the cultures of ethnic minority service user groups.
- ★ Ability to communicate accurate information on behalf of culturally different service users and their communities.
- ★ Ability to openly discuss racial and ethnic differences/issues and to respond to culturally-based cues.
- ★ Ability to assess the meaning that ethnicity has for individual service users.
- ★ Ability to discern between the symptoms of intra-psychoic stress and stress arising from the social structure or racism.
- ★ Interviewing techniques that help the interviewer understand and accommodate the role of language in the service user's culture.
- ★ Ability to apply the concepts of empowerment on behalf of culturally different service users and communities.
- ★ Ability to use culturally sensitive resources (booklets, interpreters etc) on behalf of ethnic minority service users and their communities.
- ★ Ability to recognise and combat racism, discrimination and myths among individuals and institutions.
- ★ Ability to evaluate new techniques, research, and knowledge as to their validity and applicability in working with ethnic minority communities.

Personal Attributes

- ★ Ability to self-reflect. Self-awareness is one of the important components in provider /service user relationships, as it can be a tool to develop a therapeutic relationship with the service user.
- ★ Personal qualities that reflect "genuineness, empathy, non-possessiveness, warmth," and a capacity to respond flexibly to a range of possible solutions.
- ★ Acceptance of ethnic differences between people.
- ★ A willingness to work with service users of different ethnic backgrounds.
- ★ Understand and clarify your team members' personal values, stereotypes, and biases about their own and others' ethnicity and social class. Also, recognise ways that these views may accommodate or conflict with the needs of service users from different cultures.



RECOMMENDED PRACTICES / CONSIDERATIONS INFORMATION AND DESCRIPTIONS

Above, we have already mentioned the needs, barriers, and the importance of addressing the issues of unconscious bias and lack of cultural competence, when we spoke about the *Tips, Information, Skills and Attributes*. The Toolkit will now address how to develop and improve cultural competence in mental health service delivery, through a set of four Recommended Practice (Recommended Practice 1 to 4), and the two Recommended Practice Considerations (1 and 2).

These six recommended practices / considerations relate to the following areas:

1.	Recommended Practice 1	Respect for diverse cultures, beliefs, and values
2.	Recommended Practice 2	Communication and language supports
3.	Recommended Practice 3	Access to mental health services
4.	Recommended Practice 4	Family/advocate involvement and support
5.	Recommended Practice Consideration 1	Mental health staff training
6.	Recommended Practice Consideration 2	Ongoing evaluation, review, and monitoring

Each of these practices is intended to help you review and consider the issues of culture and cultural difference when delivering mental health care for ethnic minority communities in Ireland. We want to help build sensitivity to cultural differences and styles, and foster a non-threatening, respectful environment for service users.

Keep in mind that we are all individuals and even within a specific ethnic group, traditions, habits, and customs may differ, leading to local and personal variations in belief, expectations, and behaviour.

Research tells us it is clear that unconscious bias and stereotyping, can lead to differences in access to service and quality of care for ethnic minority communities. Simply put, if you don't know your service user that well, just ask respectful questions. Most people will appreciate your openness and respond in kind.

Additionally, with regard to ethnic minority communities, the Toolkit will help to:

- ★ Improve the equity of mental health service delivery and outcomes
- ★ Identify opportunities to improve cultural and linguistic competence
- ★ Increase adherence to culture and understand its influence upon service user' behaviour and understanding
- ★ Decrease repeat visits
- ★ Avoid litigation

The Toolkit has presented each of the recommended practices with a clear explanation or rationale, alongside examples of practical considerations and resources. Examples provided can apply to more than one recommendation. And to make things easier, the examples used relate best to each individual practice where possible.

For all of our recommended practices, we take into account that every situation is unique and every service-user is different. Being aware of these differences in gender, age, sex, ethnicity, culture, religion, or sexual preference can help our communication, understanding, and outcomes.

As a professional, your own experiences, thinking, and values will influence how you work with your service users. Our education, social conditions, economic factors, cultural background, spiritual traditions, sexual orientation, gender identity, and more will all play a role in how we approach mental health. In fact, your service users may experience mental health in ways that are different from your own knowledge and understanding.

By making sure we remain sensitive to our service user's view of the world, we maximise the chances of the best outcome possible. If we ignore these differences, misunderstandings can happen, and this can impact our working relationships with the people we are trying to help.

This Toolkit has been developed with mental health service-delivery in mind. But our resources and recommendations apply to all workplaces. And they can easily be used to support staff members who may be from a different cultural background from the majority group. Ethnic minority staff can experience discrimination from both peers and service users. So we all need to improve cultural competency within the workforce, and to deal with the unconscious bias that we all have. Doing this will help us to create and foster a welcoming, inclusive, equitable environment for all.

Recommended Practice 1:

RESPECT FOR DIVERSE CULTURES, BELIEFS, AND VALUES



RECOMMENDED PRACTICES 1: RESPECT FOR DIVERSE CULTURES, BELIEFS, AND VALUES

Rationale

Everyone in mental health services should respect the diverse cultures, beliefs, and values of people from ethnic minority communities. And by doing so, we can all deliver care and treatment in a way that takes account of all cultures, beliefs, and values. A high level of respect and empathy is required between people using mental health services and those providing them.

Recommendations



- ★ Ensure that service users are consulted about their individual culture, values, and beliefs.
- ★ Respond sensitively to the culture, beliefs, value systems and experiences of the service user during service delivery - and provide appropriate privacy for people to practice their cultural, religious, and spiritual beliefs.
- ★ Ensure that everyone gets mental health care that is compliant with equality legislation, and that prohibits discrimination on the grounds of ethnicity, including the Traveller community.
- ★ Be aware of the relevance of cultural competence in the delivery of services. Try and understand how a professional's cultural background influences their interpretation of a service users' situation, and condition.
- ★ Ensure that relationships between the individual and mental health services are built on mutual trust and respect.
- ★ Allocate additional time to develop a rapport with service users. It is also a good idea for mental health professionals to share information about their background, their current role, and their reasons for working with the individual. This all contributes to establishing mutual understanding.
- ★ Recognise that mental health services have been designed and developed in a way that reflects a majority culture. This can lead to cultural bias. For example, only having signs in English and Irish, or no prayer room.
- ★ People from ethnic minority communities may have a different perception of mental health. For this reason, they may not recognise when they are experiencing mental health difficulties.

Practical Considerations and Resources Considerations



Below, we will now outline the specific ways that staff can provide a culturally sensitive service. In general, mental health services and staff should:

- ★ Understand and know the role that cultural health beliefs and practices play in their own lives as well as the lives of people seeking services. This should be done through training opportunities and self-reflective practice on personal and organisational culture. Training and self-reflective practices are necessary in order to understand the difficulties experienced by people from ethnic minority communities in accessing mental health services.
- ★ Recognise and take the steps needed to deal with the fact that mental health services have been designed and developed in a way that reflects the majority culture.
- ★ Be aware of specific social and cultural issues that are experienced by people from ethnic minority communities.
- ★ Ensure that cultural concepts and beliefs are reflected in the development and delivery of individual care/recovery planning. This means that people from minority communities can better understand and engage in their care/treatment options and plan. When describing individual care/ recovery planning, use language that is carefully considered and individualised in order to meet the person's specific communication needs.
- ★ Develop policies and procedures to facilitate the specific culture-based needs relating to family roles and obligations, diet, and religion.
- ★ Know the potential social and economic challenges that people from all minority communities face. These can include everything from housing and unemployment to lack of education, poverty, and social isolation.
- ★ Ensure that all mental health professionals know of all community supports, as best you can. These include culturally-specific services and programmes which should be promoted and used in individual care/recovery planning.

- * Assure everyone that disrespect or discrimination of any kind by staff will not be tolerated. You can reduce discrimination in mental health services in different ways. For example, by employing people from ethnic minority communities and educating local communities on how to target stigma and discrimination.
- * Understand that stigma and prejudice can be barriers for people from ethnic minority communities accessing mental health services. It can prevent or discourage them from continuing with their mental health treatment and/or in acknowledging that they have a mental health difficulty. This stigma can emerge from the public, the person themselves or the mental health service provider.
- * Determine the communication and language assistance needs of people from ethnic minority communities. You'll find out more about this in *Recommended Practice 2*. Effective communication is crucial in helping mental health professionals to identify the particular values and beliefs of individuals.
- * Recognise the need for training and raising awareness in the areas of anti-discrimination, cultural competency, and unconscious bias. You can read about how this can be achieved in *Recommended Practice Consideration 1*.



... **stigma** can emerge from the public, the person themselves or the mental health service provider.



Resources to help develop and maintain respectful engagement and communication with a diverse population



Three specific resource examples are provided.

1. Working with diverse service users
2. Partnering with diverse service users
3. Interview guide for selecting staff with regard to their diversity awareness

1. Working with diverse service users

These examples are designed to help providers enhance their service user engagement skills. The Toolkit does this by suggesting tips for successful service user encounters and outlines ways you can enhance service user/provider communication. You will also see how to avoid being unintentionally insulting or patronising.

Styles of Speech

There can be big differences in terms of how fast people speak and indeed in the length of time between comment and response, and their willingness to interrupt.



- ★ Tolerate gaps between questions and answers, as impatience can be seen as a sign of disrespect and also make the person feel self-conscious. In those circumstances, people may not fully disclose or continue to engage with services.
- ★ Listen to the volume and speed of the service users' speech as well as the content. Modify your own speech to match more closely that of the service user to make them more comfortable.
- ★ Rapid exchanges, and even interruptions, are a part of some conversational styles. Don't be offended if no offence is intended if/when a service user interrupts you.
- ★ Stay aware of your own pattern of interruptions, especially if the service user is older than you are.



Gently guide service user conversation

As English speakers for the most part, we are used to a direct communication style, but keep in mind that other languages and cultures differ.

- ★ Initial greetings set the tone for the visit. Many older people from traditional societies expect to be addressed more formally, no matter how long they have known their doctor/psychiatrist. If your service user's preference is not clear, ask how they would like to be addressed.
- ★ Identify the preferred language spoken from the start. Service users from other language or cultural backgrounds may be less likely to ask questions and more likely to answer questions through a narrative approach than with direct responses. Ask open-ended questions whenever possible to make communicating with your service user much easier.
- ★ Avoid questions that can be answered with "yes" or "no." Research indicates that when service users, regardless of cultural background, are asked, "Do you understand," many will answer, "yes" even when they really do not understand. This tends to be more common in teens and older service users.
- ★ Steer your service user back to the topic by asking a question that clearly demonstrates that you are listening. Some people can tell you more about their health through story telling than by answering direct questions.

Eye Contact

The way people interpret various types of eye contact is tied to their own cultural background and life experience.



- ★ Most Irish people expect to look people directly in the eyes and they may interpret failure to do so as a sign of dishonesty or disrespect.
- ★ But for many other cultures, direct gazing is considered rude or disrespectful. Never force a service user to make eye contact with you.
- ★ If a service user seems uncomfortable with direct gazes, one simple way is to try sitting next to them instead of across from them.

Body Language

Sociologists say that 80% of communication is non-verbal. The meaning of body language varies greatly by culture, class, gender, and age.



- ★ When it comes to physical distance and touching, it's best to simply follow the service user's lead. During an interview, if the service user moves closer to you or touches you, you may have permission to do the same. However, to those who do not feel comfortable, stay sensitive as much as possible. And for anything like a handshake or pat on the back, always ask permission first.
- ★ Gestures can mean very different things to different people. Be very conservative in your own use of gestures and body language. If unsure, you should ask your service users about any unknown gestures or reactions.
- ★ Do not interpret a service user's feelings or level of pain just from facial expressions. The way that pain or fear is expressed is also closely tied to a person's cultural and personal background. Ask service users about their feelings or reactions.



Visiting people at home – a few examples

- * Be mindful of people's cultural and religious calendars which can affect appropriate times to visit.
- * When you enter into a Muslim home, they usually take off their shoes at the door or before they walk on carpet (often in their living room). Ask them if you should take off your shoes. If they do, then you should too.
- * When you arrive to a traditional Muslim home, generally men will not touch women (usually no handshakes or greeting with kisses). Instead, just saying "a-sa-laam-a-lei-kum" (peace be upon you) is sufficient. If the women of the house are present and they extend their hand, then of course a visitor (even if they are male) can shake it. When female visitors enter a home, if the man of the house or men extend their hand, then it is fine to shake it as well. Be aware of your surroundings and interactions.
- * If your service users are Orthodox Jews, do not expect handshakes from the women, because of the possibility of "menstrual uncleanness." For the same reason, if you are a woman, do not expect handshakes from Orthodox men.

NB: The above are just a few helpful suggestions and are simply a selection of things to be aware of. They are not intended as a recipe-book approach as people from the same cultural background may still have different preferences.



2. Partnering with diverse service users

The following examples are designed to help staff improve their service user communication skills. Here, you'll find tips for staff to enhance communication with service users, carers, and families.



NOTE: Throughout the appointment/interview, you should always enquire if the service user has questions. Ask them: *Do you understand? Would you like further information?*

Build rapport with the service user

- ★ Ask, “How would you like to be addressed?” if the service user’s preference is not clear.
- ★ Focus your attention on service users when addressing them.
- ★ Learn basic words in your service user’s primary language, like “hello” or “thank you”.
- ★ Recognise that service users from diverse backgrounds may have different communication needs.
- ★ Explain the different roles of people who work in the team.
- ★ Check if they have any other questions or concerns.



Make sure service users know what you do

- ★ Take a few moments to prepare a handout with all instructions and information in the common language(s) spoken by your service users. It should detail things like office hours, who to contact when the office is closed, and more.
- ★ It should also cover who their Community Mental Health Nurse, Psychiatrist, Psychologist, Occupational Therapist, and Social Worker is, or other relevant staff.



Keep service users’ expectations realistic

- ★ Inform service users of delays or extended waiting times. If the wait is longer than 15 minutes, encourage the person to make a list of questions for their doctor, or relevant clinician.





Work to build service users' trust in you

- ✱ Inform people of their choices around psychological as well as medical treatments. You could talk about what they can expect, or whether there are any side effects of medication. You could also give written information if appropriate, like how appointments are scheduled and routine waiting times.
-



Determine if the service user needs an interpreter for the visit

- ✱ Document and clarify the service user's preferred language.
 - ✱ Have an interpreter access plan. A professional interpreter with a mental health/medical background is preferred to family or friends of the service user.
 - ✱ Having the same interpreter for repeat visits will help build rapport and continuity. This would be particularly helpful for psychological therapy.
 - ✱ Assess your bilingual staff for interpreter abilities. Unless it's an emergency situation, staff are advised not to act as interpreters even if they are bilingual.
-



Give service users the information they need

- ✱ Have topic-specific mental health education materials available in the languages of your service user base.
 - ✱ Offer handouts detailing useful, personalised information where possible. This can include factsheets about their mental health difficulty, useful organisations, support groups, benefits advice, screening guidelines, and culturally relevant dietary guidelines on issues like diabetes or weight loss.
 - ✱ Is there any other information they may want?
-



Make sure service users know what to do

- ✱ Review any follow-up appointments/procedures with the service user before they leave your clinic/office.
- ✱ Confirm call-back numbers, contact names, the locations for any follow-up services or appointments.
- ✱ Develop pre-printed simple handouts of frequently used instructions.
- ✱ Translate handouts into the common language(s) spoken by your service users wherever possible/appropriate.

3. Interview guide for selecting staff with regard to their diversity awareness

The interview process is competency based, and questions are standardised. However, if we want to embed cultural competency, then equality and diversity questions should form a part of the standardised questions.

The following set of questions will help you determine whether a job candidate will be sensitive to the cultural and linguistic needs of your service user population. By integrating some or all of these questions into your interview process, you will be more likely to hire staff that will help you create an atmosphere of openness, affirmation, and trust between service users and staff. Remember that bias and discrimination can be obvious or subtle. The employment and selection practices should reflect this reality.





Interview Questions

Q. What experience do you have in working with people of diverse backgrounds, cultures, and ethnicities? Your experiences can be either in or out of a mental health care environment.

The interviewee should demonstrate understanding and willingness to serve diverse communities. Any experience, whether professional or volunteer, is valuable.

Q: Tell me about any particular challenges or successes you have experienced in working with people from diverse backgrounds.

You will want to get a sense that the interviewee has an appreciation for working with people from diverse backgrounds. And you need to know they understand the accompanying complexities and needs in an office setting.

Q. In the mental healthcare field, you'll meet service users of different ages, language preference, sexual orientation, religions, cultures, genders, and immigration status, etc. - and all with different needs. What skills from your past work do you think are relevant to this job?

This question should allow a better understanding of the interviewee's approach to working with service users across the spectrum of diversity, their previous experience, and if their skills are transferable to the position in question. Look for examples that demonstrate an understanding of varying needs. Answers should demonstrate listening and clear communication skills.

Q. What would you do to make all service users feel respected?

The answer should demonstrate an understanding of the behaviours that facilitate respect and the type of prejudices and bias that can result in substandard service and care.

Recommended Practice 2:

COMMUNICATION AND LANGUAGE SUPPORTS



RECOMMENDED PRACTICE 2: COMMUNICATION AND LANGUAGE SUPPORTS

Rationale

Communication can often be a significant barrier for people from ethnic minority communities in both accessing and remaining in mental health services. Initially, mental health services and staff need to identify the communication and language assistance needs of people from ethnic minority communities. After that, they can provide information in ways that are accessible and provide appropriate interpretation services, where necessary.

Recommendations



- ✦ In mental health work, it is very important to understand language needs both written and verbal. It is extremely important for effective cross-cultural working. To deal with this, language needs should be identified and handled as a priority. This will ensure good, accessible, and effective communication between service providers and service users.
- ✦ Supportive, accessible written material should be made available in a variety of languages, formats, and media. They must be able to meet communication needs for all in the mental health service.
- ✦ Where necessary, service users should have access to interpretation services (including sign language interpreters).
- ✦ Good interpreters are vital, as information needs to be communicated in a way that is easily understood by the service user, and repeated as required. We must also be aware that explanations may be necessary on more than one occasion.
- ✦ Mental health work requires interpreters who are able to both interpret the nature of the service user's distress as well as the actual words used.

Practical Considerations and Resources Considerations

In order to provide a culturally sensitive service, mental health services and staff should:

- ✦ Identify the communication and language needs of people from ethnic minority communities.
- ✦ Make sure that staff know it is their own responsibility to assess their level of understanding and ability to communicate.
- ✦ Ensure that staff are fully aware of, and trained in, the use of language assistance services, policies, and procedures.
- ✦ Develop processes for identifying the language(s) of individuals from ethnic minority communities (e.g., language identification flash cards or “I speak” cards).
- ✦ Be aware of the possibility of low health literacy among people from ethnic minority communities.
- ✦ Have the knowledge and skills to make an appropriate assessment of a person’s communication needs.
- ✦ Be aware that other people, such as family members or caregivers, may be involved in the provision of support or care to a person. If family members or caregivers also have limited English and/or other communication needs, their language needs should also be met to ensure the best outcomes for the person receiving care.
- ✦ Be aware that the requirement of interpreter services should be included in the person’s care /recovery plan. Once a staff member has confirmed that an interpreter is required, make sure to note it in the case notes.
- ✦ Offer and provide appropriate interpretation services, where necessary.
- ✦ Let service users know that they have the right to an interpreter to help them communicate. Make it clear that there is no cost to the person and that the staff will organise the interpreter. It is then their decision to use or refuse the assigned interpreter.
- ✦ Be aware that a consultation involving the use of an interpreter will take longer than a routine appointment. Additional time should be allocated for this when appointments are made.
- ✦ Make sure you can easily access accredited or suitably competent interpreters who have been trained in mental health interpreting. Interpreters should also be trained in cultural competency.
- ✦ Be appropriately trained in working with interpreters.



- * Have contracts in place with interpreter services for in-person, over-the-phone, and video interpreting.
- * If staff say they are bilingual, be sure their non-English language skills are of a satisfactory standard if they are communicating with service users.
- * Ensure that family members do not interpret for their loved one as children may not have the cognitive or emotional maturity to carry out the role of interpreter. It has also been found that the use of children as interpreters can place unnecessary tension on the parent-child relationship and also put stress and emotional strain on the child.
- * Provide easy-to-understand materials and deliver information in a manner that is accessible. When communicating, use simple language and minimise jargon where possible.
- * Follow existing HSE guidance documents on meeting the communication and language needs of people from ethnic minority communities.
- * Give guidance on using plain language and create documents that demonstrate the best way to clearly communicate.
- * Create forms that are easy to fill out, and offer to help in completing forms.
- * Develop easy-to-understand materials and processes for periodically re-evaluating and updating such materials.
- * Establish processes for translating materials into languages other than English and determine ways to ensure the quality of these translations.
- * Develop materials in other formats for people with specific communication needs, including those with sensory, developmental, and/or cognitive impairments.
- * Test materials with your target audiences. For example, focus group discussions with members of ethnic minority groups can identify content in the material that might be embarrassing or offensive. Or these groups might also suggest cultural practices that provide more appropriate examples, and assess whether graphics, photos, or diagrams reflect the diversity of the target community.
- * Think about how you might provide financial compensation or in-kind services to community members who help translate and review materials.
- * Once all measures have been taken to overcome communication barriers, get in touch with people after they've started using the service so that they know what was discussed. Sometimes, people from ethnic minority groups will often say that they understand when actually they do not, due to frustration, embarrassment, or a lack of confidence.

Resources to assist respectful communication with a diverse population



Three specific examples are provided, and these are:

1. Language barriers
2. Non-verbal communication in relation to service user care
3. Mental health literacy issues

Resources to communicate across language barriers

Below, you'll find examples that will help enhance your understanding of literacy and linguistic needs for ethnic minority communities. These include an overview on language barriers, and tips for communicating across these barriers and for working with interpreters. You'll also read more about communication in relation to mental health literacy issues.

1. Language Barriers

This section contains useful tips to help remove any language barriers and improve the linguistic competence of mental health care providers. The tools will help you deliver appropriate and effective linguistic services, which can lead to:

- Increased service user mental health knowledge and understanding
- Less problems with service user-provider encounters and greater service user satisfaction
- Helping service users get the best from their mental health care services



The following materials are available in this section:

Tips for Communicating across language barriers

Suggestions to help identify and document language needs.

10 Tips for Working with Interpreters

Suggestions to maximise the effectiveness of an interpreter.



Tips for communicating across language barriers

- * Use simple words; avoid jargon and acronyms
- * Limit/avoid technical language
- * Speak slowly (don't shout)
- * Articulate words completely
- * Repeat important information
- * Where possible, provide educational material in the languages your service users read
- * Use pictures, demonstrations, video, or audiotapes to increase understanding
- * Give information in small chunks and verify understanding before moving on
- * Always confirm service users' understanding of the information as their logic may be different from yours

Limited English Proficient (LEP) service users face language barriers that can affect their ability to understand information given by healthcare providers. They can also encounter difficulty with instructions on prescriptions and medication bottles, appointment slips, mental health information leaflets, doctor's directions, and consent forms. They can experience more issues than other service users, when processing the information needed to care for themselves and others.



10 Tips for working with interpreters



When working with interpreters, reassure your service user that the information will be kept confidential. The whole idea of confidentiality can vary from country to country so make sure to explain the limits of confidentiality as clearly as possible. You should also use interpreters that you have confidence in. And given that there can be many different dialects, make sure that interpreters speak the same language, as getting this wrong can lead to an unsatisfactory outcome.

1. Choose an interpreter who meets the needs of the service user, considering their age, sex, and cultural background.
2. A service user might be reluctant to disclose personal and sensitive information, for example, in front of an interpreter of a different sex or with someone they know well from their family or community. Additionally, if engaging with a service user on a regular basis e.g., extended assessment or therapy, consider using the same interpreter if possible.
3. Hold a brief introductory discussion with the interpreter.
4. If it is your first time working with a professional interpreter, meet with them first to agree on basic interpretation protocols. In turn, let the interpreter brief the service user on their own role including confidentiality issues.
5. Allow enough time for the interpreted sessions.
6. Remember that an interpreted conversation requires more time. What can be said in a few words in one language may require a lengthy paraphrase in another.
7. Speak in a normal voice, clearly, and not too fast or too loudly.
8. It is usually easier for the interpreter to understand speech produced at normal speed and with normal rhythms - than artificially slow speech.
9. Avoid acronyms, jargon, and technical terms.
10. Avoid idioms, technical words, or cultural references that might be difficult to translate. Some concepts may be easy for the interpreter to understand but extremely difficult to translate (e.g. “positive test results”).

- 11.** Face the service user and talk to them directly. Be brief, explicit, and basic.
- 12.** Remember that you are communicating with the service user through an interpreter. You should pause after a full sentence to help the interpretation to be accurate and complete. If you speak too long, the interpreter may not remember and miss what was said.
- 13.** Don't ask or say anything that you don't want the service user to hear.
- 14.** Expect everything you say to be interpreted, and also everything the service user and their family says.
- 15.** Be patient and avoid interrupting during interpretation.
- 16.** Allow the interpreter as much time as necessary to ask questions, for repeats, and for clarification.
- 17.** Be prepared to repeat yourself in different words if your message is not understood. Professional interpreters do not translate word-for-word but rather concept-by-concept.
- 18.** English is a direct language and may therefore need to be relayed into complex grammar and through a different communication pattern.
- 19.** Be sensitive to appropriate communication standards.
- 20.** Different cultures have different protocols when discussing sensitive topics and addressing clinicians.
- 21.** Many ideas taken for granted in Ireland do not exist in the service user's culture and may need detailed explanation in another language. Take advantage of your interpreter's insight and let them be your "cultural broker."
- 22.** Read body language in the cultural context.
- 23.** Watch the service user's eyes, facial expression, or body language both when you speak and when the interpreter speaks. Look for signs of comprehension, confusion, agreement, or disagreement.

Helpful tips for finding and working with interpreter services

First, find out what your service users need in terms of language and linguistic support. After that, assess the services available to meet these needs.

Assess the language capability of your staff by keeping a list of available bilingual staff who can help Limited English Proficient (LEP) service users on-site.

Assess services available

- ★ Ask other organisations that you work with if and when they provide interpreter services, including if necessary Irish Sign Language (ISL) interpreters.
- ★ Identify the policies and procedures in place to access interpreter services for each person or service user that you work with.
- ★ Keep an updated list of specific telephone numbers and contacts for language services.
- ★ Ask the agency providing the interpreter for their training standards and how they assess interpreter quality.
- ★ Don't forget to enquire about services for the deaf or hard-of-hearing.

Accessing interpreters and translation services

As the HSE has an existing contract with an interpreting service provider, access should be through the HSE list of interpreters.

Tips to identify a service user's preferred language



- ★ Ask the service user for their preferred spoken and written language. Show them a poster of common languages spoken by other service users and ask them to point to their language of preference.
- ★ Post information relative to the availability of interpreter services.
- ★ Make available and encourage service users to carry "I speak..." or "Language ID" cards.

Tips to document service user language needs

- ★ For all LEP service users, make a note of the preferred language on paper and/or electronic medical records.
- ★ Post coloured stickers on the service user's chart to flag when an interpreter is needed. (E.g., Orange = Arabic, Red = Somali, Green = Bengali etc.).

Tips to assessing which type of interpreter to use

- ★ Telephone interpreter services are easily accessed and available for short conversations or language requests.
- ★ Face-to-face interpreters provide the best communication for sensitive, legal, or long communications.
- ★ For reliable service user communication, avoid using minors and family members.



2. Non-verbal Communication and Service User Care

Below, you'll find an overview of the impact of non-verbal communication on service user-provider relations. You'll also read more about tips for non-verbal communication and service user care, while also getting pointers on how to develop non-verbal communication skills.

Non-verbal communication takes place in the first three seconds after meeting someone for the first time and can continue through the entire interaction. Research indicates that non-verbal communication accounts for approximately 80% of a communication when people meet. It can impact the success of communication much more than the spoken word. We automatically evaluate gestures, appearance, body language, the face, and how space is used. Yet, we are rarely aware of how those from other cultures understand our non-verbal communication or the subtle cues we have used to assess the person.

Now, we'll talk about eye contact and touch/use of space as examples of non-verbal miscommunication that can impact a service user/provider encounter. These broad cultural generalisations are used for illustrative purposes and should not be mistaken for stereotypes. A stereotype and a generalisation may appear similar, but they function very differently. In brief, stereotypes are negative interpretations made about a group of people. And generalisations of cultures are broad statements based on data, information or experiences.

Eye Contact

In most Asian, and many Arab countries, it is rude to meet and hold eye contact with an elder or someone in a position of authority, such as health professionals. It may be also considered a form of social aggression if a male insists on meeting and holding eye contact with a female.

Touch and Use of Space

Talk through each meeting with your service user so that the need for the physical contact is well understood, before the meeting starts. Ease into the service user's personal space. If there are any concerns, ask before you enter within 3 feet of the person. This will help ease the service user's level of discomfort and avoid any misinterpretation of physical contact. Additionally, physical contact between a male and female is strictly regulated in many cultures. An older female companion may be necessary during the visit.

3. Mental Health Literacy Issues

This section provides information on the signs of low mental health literacy and how to address them, alongside tips for identifying and addressing mental health literacy issues.

Low mental health literacy can prevent service users from understanding their mental health care services and needs.

Mental health literacy has been defined as:

“knowledge and beliefs about mental disorders which aid their recognition, management or prevention. Mental health literacy includes the ability to recognise specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, of self-treatments, and of professional help available; and attitudes that promote recognition and appropriate help-seeking.”

This includes the ability to understand written instructions on prescription medication bottles, appointment slips, mental health information leaflets, doctor’s directions, and consent forms.

Mental health literacy is not the same as the ability to read and is not necessarily related to years of education. Even when someone functions adequately at home or work, they may have marginal or inadequate literacy in a health care setting.

Approaches to improving mental health literacy

A number of approaches have been tried to improve mental health literacy, many of which have been shown to be effective. These include:

1. Community campaigns and projects.

2. Training programs for individuals.

These include Mental Health First Aid training and training in suicide prevention skills provided by organisations such as ASIST and safeTALK
[\(https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/training/types-of-training/\)](https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/training/types-of-training/)



3. Information for the public.

Websites and books aimed at the public have proven to enhance mental health literacy. However, the quality of information available, particularly on websites can sometimes be poor. The HSE provides multilingual resources and translated material on its website <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/translation-hub/multilingual-resources-and-translated-material/>

Barriers to mental health literacy

- ✱ The ability to read and understand information depends on a range of factors including age, socioeconomic background, education, and culture. Example: Some older people may not have had access to the same educational opportunities.
- ✱ A service user's culture and life experience may have an effect on their mental health literacy. For example, a service user's background culture may stress verbal, not written, communication styles.
- ✱ A service user may not understand how processes work, for example the way medical cards work in Ireland.
- ✱ An accent, or a lack of an accent, can be misread as an indicator of a person's ability to read English. Example: A service user, who has learned to speak English with very little accent, may not be able to read instructions on a medicine bottle.
- ✱ Different family dynamics can play a role in how a service user receives and processes information.
- ✱ In some cultures, it is inappropriate for people to discuss certain body parts or functions and this can leave them with a very poor vocabulary for discussing health issues.
- ✱ In adults, reading skills in a second language may take 6–12 years to develop.

Possible Signs of Low Literacy

Individuals may frequently say:

- I forgot my glasses.
- My eyes are tired.
- I'll take this home for my family to read.
- What does this say?
- I don't understand this.

The individual's behaviour may include:

- Not getting their prescriptions filled, or not taking their medications as prescribed.
- Consistently arriving late to appointments.
- Not turning up to appointments.
- Returning forms without completing them.
- Requiring several calls between appointments to clarify instructions.

Tips for Dealing with Low Literacy



- ★ Use simple words and avoid jargon, and never use acronyms
- ★ Avoid technical language (if possible)
- ★ Repeat important information – a service user's logic may be different from yours
- ★ Ask service users to repeat back to you any important information
- ★ Ask open-ended questions to all
- ★ Use medically trained interpreters familiar with cultural nuances
- ★ Give information in small chunks
- ★ Clearly articulate words
- ★ "Read" written instructions out loud, speak slowly (don't shout)
- ★ Have written materials /brochures reviewed by The National Adult Literacy Agency (NALA) and possibly also refer to resources such as the Literacy Audit for healthcare settings at: <https://www.hse.ie/eng/services/news/newsresources/commstoolkit/literacy.pdf>
- ★ Use body language to support what you are saying
- ★ Draw pictures, use posters, models, or physical demonstrations
- ★ Use video and audio media as an alternative to written communications

Recommended Practice 3:

ACCESS TO MENTAL HEALTH SERVICES



RECOMMENDED PRACTICE 3: ACCESS TO MENTAL HEALTH SERVICES

Rationale

Mental health services should improve accessibility for people from ethnic minority communities.

Recommendations



- ✦ Mental health services should ensure equality for everyone when it comes to accessing services. And that should be regardless of anyone's ethnicity, including members of the Traveller community.
- ✦ Representatives of ethnic minority groups have reported that people from ethnic minority communities do not know about mental health services and how to access them.
- ✦ Perceived or real barriers in Ireland, such as stigma, mistrust, and prejudice to accessing services, must be properly addressed. A lack of communication (as outlined in *Recommended Practice 2*), and the costs associated with mental health care are also barriers that need to be addressed.
- ✦ Some ethnic minority communities may be deterred from using services as the numbers involved in service delivery might be of concern. To combat this, mental health services need to have in place clear procedures on confidentiality.

... stigma, mistrust, and prejudice to accessing services, must be properly addressed.



Practical Considerations and Resources



Considerations

There are specific ways to provide a culturally sensitive service and mental health services and staff should:

- ★ Ensure that people from ethnic minority communities understand how to access mental health services. They also need to know their options for care/treatment, how to maintain their mental health, and how to follow their individual care/recovery plan.
- ★ Promote awareness of their services by providing information in English and other relevant languages. This must also be done through a number of channels including print, audio-visual and community events. Information should be spread to different cultural groups in places including, local doctors' surgeries; hospitals; community centres; places of worship; schools; libraries; and other meeting places specific to ethnic minority groups (cultural clubs, etc), as outlined in *Recommended Practice 2*.
- ★ Communicate with individuals from ethnic minority communities in their preferred language in accessible formats when accessing and using the service. This should be done through appropriately qualified interpreters, as outlined in *Recommended Practice 2*.
- ★ Establish clear ways to communicate. And know the importance of putting in place the right systems and approaches to help identify the mental health needs of people from ethnic communities. Consultations/focus groups should be peer-led or co-facilitated, from the ethnic minority communities, where possible.
- ★ Ensure that engagement and contact with ethnic minority groups is maintained. For example, attending minority community festivals where appropriate.
- ★ Establish links with other service providers to help improve access to mental health for people from ethnic minority communities. For example, there should be clear channels of communication between primary (including GP practices), secondary, and tertiary mental health service providers.
- ★ Create clear procedures on confidentiality to show minority communities that accessing services is fully confidential and secure. This will also help people feel more comfortable in disclosing personal information to the many different agencies that may be involved in mental health service delivery - particularly where their status is unknown.
- ★ Understand the specific culture, values, and beliefs of the communities and ensure that their views are fully taken into account.

Resources to assist access to mental health services by ethnic minority communities



In this section, we'll talk about the needs of ethnic minority community service users in accessing mental health services.

Two specific examples are:

1. Discussing and understanding the needs of ethnic minority communities
2. The importance of faith and spirituality issues

1. Discussing and understanding the needs of ethnic minority service users

Talking about mental health difficulties

Ask the service user how they understand their own mental health problems in terms of their background, culture, and individual identity.

- ★ Use this information to improve the formulation and delivery of care and treatment.
- ★ Record this information in care plans, case notes, and other related documents.
- ★ Where appropriate, use clear and non-technical language when communicating important information.

Service user assessment: incorporating cultural factors

- ★ You need to put a system in place that allows you to document important cultural details. Whether the service user's first appointment was at an outpatient assessment or they were admitted to a psychiatric ward, all cultural factors should be considered, as well as the basic mental and physical needs of the service user. Further service user assessments should also take account of cultural factors and cultural needs.
- ★ Ethnicity and other characteristics, such as gender, sexuality, and more will often affect how someone experiences the mental health service. These should always be included in service users' assessment and care planning.

- * Know what is meant by cultural needs. And understand how this differs from ethnicity and the range of issues that need to be considered. It should also be noted that different ethnic minority groups will talk about distress and underlying mental conditions in different ways.
- * Be aware of the specific difficulties identified for people from the Traveller community when it comes to communication. Some Travellers find it difficult to communicate with their GP, to understand the language used by doctors, the diagnosis they are given, and the purpose of medication prescribed.

2. The importance of faith and spirituality issues

Incorporating faith and spirituality

Issues of faith, spirituality, and religion are important considerations when thinking about a service user's 'culture' in general. For ethnic minority communities, it can be even more important as there may be a range of beliefs held and practised by large numbers of service users. Service providers should:

- * Ensure a system is used for dealing with faith/spirituality issues as well as the conflict that may occur between faith/spirituality and sexual orientation and gender identity. This should be integrated into the care planning process and reflected in an overall standard protocol.
- * Ensure access to relevant faith-specific support through someone with an understanding of mental health issues.
- * Ensure faith and spiritual needs are considered as part of the initial appointment/admission/assessment process, and develop links to services in the community which can address any relevant need.
- * Develop a standard or protocol which determines whether staff have the skills to explore spirituality or faith issues during the assessment process. If they do, document whether they have the skills to enquire about and deal with conflicting beliefs to their own.
- * If a service user has been admitted to an inpatient setting, make sure a standard or approach is in place that gauges the extent to which Chaplaincy or other religious staff are effectively engaged in ward-based work. This is covered by the Mental Health Commission Judgement Support Framework at: <https://www.mhcirl.ie/sites/default/files/2021-01/Judgement%20Support%20Framework.pdf>, and best practice guidance at: <https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-guidance/best-practice-guidance/>



Recommended Practice 4:

FAMILY/ADVOCATE INVOLVEMENT AND SUPPORT



RECOMMENDED PRACTICE 4: FAMILY/ADVOCATE INVOLVEMENT AND SUPPORT

Rationale

Mental health services should provide opportunities for families, friends, carers and supporters' involvement and support for people from ethnic minority communities. Minority community leaders have identified that culture can influence how families and communities respond to mental or emotional distress ([https://doi.org/10.1016/0277-9536\(89\)90281-5](https://doi.org/10.1016/0277-9536(89)90281-5)).

Recommendations



- * Cultural competency needs to take into account life in ethnic minority groups, including the role of family members. For example, the word 'family' can have different interpretations. Some families from ethnic minority communities can be large. And if they would like to visit family members engaged in services, it should be considered.
- * Immigrant communities often have many different ways of dealing with distress. This can include how conflict is handled and negotiated within the extended family. Service providers can learn from these approaches.
- * It is very important to understand the relationship between people from ethnic minority groups and their families, their community, wider services, and society. All these have a significant impact on somebody's willingness to access services, engage in and/or remain in care. This may be due to how mental health is perceived in the family or community. Or the person might feel they will not get the family support they need and possibly risk discrimination or isolation. The level of mental health education in families and communities must be identified, as it may influence the person in their decision-making.
- * Somebody from an ethnic minority community may or may not want to involve their family in their mental health care and/or recovery. However, it is important for mental health services to understand how culture may influence that decision and the effect it will have on the person.
- * The cultural importance of family in mental health care delivery for people from ethnic minority groups should be recognised and supported. This can be done by educating family members on mental health, including providing information on the benefits of addressing existing mental health difficulties.

Practical Considerations and Resources



Considerations

There are specific ways to provide a culturally sensitive service. In that regard, mental health services and staff should:

- ✦ Understand how the social determinants of health affect ethnic minority groups. You should also make sure that information on how to access practical supports and referrals is available.
- ✦ Involve carers, family members, and communities in the design, development, delivery and evaluation of mental health programmes and services on an ongoing basis.
- ✦ Have structures and policies in place to enable family involvement in the care of people from ethnic minority communities.
- ✦ Hold performance reviews and track quality improvement processes to monitor the involvement of people and their families.
- ✦ Develop and enhance workplace guidance and support to staff when working with people from ethnic minority communities, their families, friends, carers and supporters. Ensure that individual, carer, and family involvement is included in existing service structures to enhance involvement of ethnic minority communities.
- ✦ Develop policies and procedures to meet the cultural needs of people from ethnic minority communities, their families, friends, carers and supporters. This should be reflected in individual care/recovery planning. Information provided by people from ethnic minority communities about their care and treatment should inform planning, development and services in the future.
- ✦ Engage with mental health advocates and ethnic minority groups in the community to improve advocacy supports for people from ethnic minority communities.
- ✦ Engage with existing community health workers to promote the recovery of people from ethnic minority communities.
- ✦ Make use of community health workers where possible, as they can increase the use of mental health services by people who are traumatised immigrants or refugees. Usually, they are members of the immigrant communities who are trained in providing support, counselling, and information. Their contribution and interventions can have different goals such as increasing access to services or increasing health-related knowledge.



Resources to assist access to mental health services by ethnic minority communities

This section looks at the issues related to the advocate involvement process for ethnic minority communities and their families, friends, carers and supporters. We do this through the use of a mnemonic to help providers in developing a comfortable relationship as part of the family/advocate involvement process. The recommendations identified could equally apply to the previous Recommended Practice areas covering issues such as relationships, communication, accessibility, and assessments.

A mnemonic for service user encounters:

D **I** **V** **E** **R** **S** **E**

Demographics / Ideas / Views / Expectation / Religion / Speech / Environment

A mnemonic which may help you in developing a comfortable relationship and/or a personalised care plan based on cultural/diversity aspects.

Demographics

Explore regional background - and the level of cultural assimilation, age, and sex as they all influence health care behaviours.

- ✦ Where were you born?
- ✦ Where was “home” before coming to Ireland?
- ✦ How long have you lived in Ireland?
- ✦ What is the service user’s age, sexual orientation, and gender identity?

Ideas

Ask the service user to explain his/her ideas or thoughts of mental health. Keep in mind that terms such as mental health difficulties may be understood very differently in another culture

- ✦ What do you think keeps you healthy?
- ✦ What do you think makes you sick?
- ✦ What do you think is the cause of your difficulties?
- ✦ Why do you think the problem started?

Views of mental health care treatments

Ask about treatment preference, use of home remedies, and treatment delay/avoidance.

- ★ Are there any mental health care treatments that might not be acceptable?
- ★ Do you use any traditional, spiritual, or home health remedies to improve your mental health?
- ★ Who do you talk to about this?
- ★ What have you used before?
- ★ Have you used alternative healers? Which?
- ★ What kind of treatments do you think will help?

Expectations

Ask about what your service user expects from their doctor/provider/clinician?

- ★ What do you hope to achieve from today's visit?
- ★ What do you hope to achieve from treatment?
- ★ Do you find it easier to talk with a male/female?
- ★ Someone younger/older?

Religion

Ask about your service user's religious and spiritual traditions.

- ★ How important is religion/spirituality in your everyday life?
- ★ Will religious or spiritual observances affect your ability to follow treatment? How?
- ★ Do you avoid any particular foods/drinks?
- ★ During the year, do you change your diet in celebration of religious and other holidays?
- ★ Does your diet affect which medication you can take? (are you vegetarian, avoiding alcohol or avoiding beef/pork/gelatine)
- ★ Do you receive any support from members of your faith community?
- ★ Are there practices or rituals that help you cope?
- ★ Have your difficulties affected your ability to practice your religion or spirituality?

Speech

Identify your service user's language needs including language, literacy levels, ISL or other. Avoid using a family member as an interpreter.

- ★ What language do you prefer to speak?
- ★ Do you need an interpreter?
- ★ What languages do you prefer to read?
- ★ Are you satisfied with how well you read?
- ★ Would you prefer printed or spoken instructions?

Environment

Identify your service user's home environment and the cultural/diversity aspects that are part of the environment. Home environment includes the service user's daily schedule, support system, and level of independence.

- ★ Do you live alone?
- ★ How many other people live in your house?
- ★ Do you have transport?
- ★ Do you get out and meet people?
- ★ Who gives you emotional support?
- ★ Who helps you when you are ill or need help?
- ★ Can you get yourself washed and dressed?
- ★ Do you have the ability to shop/cook for yourself?
- ★ What times of day do you usually eat?
- ★ What is your largest meal of the day?



Cultural Competence in Practice

D

Demographics—Explore regional background, levels of acculturation, age and sex as they influence health care behaviours:

- Where were you born? - Where was 'home' before coming to the U.K.? - How long have you lived in the U.K.?
- What is your age? - What is your sexual orientation and gender identity?

I

Ideas - Ask the patient to explain their ideas or thoughts of mental health and illness:

- What do you think keeps you healthy? - What do you think makes you sick?
- What do you think is the cause of your illness? - Why do you think the problem started?

V

Views - Ask about treatment preference, use of home remedies, and treatment delay/avoidance:

- Are there any mental health care treatments that might not be acceptable? - Do you use any traditional, spiritual or home health remedies to improve your mental health? - Who do you speak to about this? - What have you used before? - Have you used alternative healers? - What kind of treatments do you think will help?

E

Expectations - Ask what your patient expects from their doctor, nurse or clinician:

- What do you hope to achieve from today's visit? What do you hope to achieve from treatment? - Do you find it easier to talk with a male/female? - Someone younger/older?

R

Religion - Ask about your patient's religious and spiritual traditions:

- How important is religion/spirituality in your everyday life? - Has your illness affected your ability to practice your religion or spirituality? - Will religious or spiritual observances affect your ability to follow treatment? - How and Why? - Do you avoid any particular foods/drinks? - Does your diet affect which medication you can take? - During the year, do you change your diet in celebration of religious and other holidays? - Do you receive any support from members of your faith community? - Are there any practices or rituals that help you cope?

S

Speech - Identify your patient's communication needs (including language, literacy levels, BSL or other):

- What language do you prefer to speak? - Do you need an interpreter? - What language do you prefer to read? - Are you satisfied with how well you read? - Would you prefer printed or spoken instructions? (Avoid using a family member as an interpreter.)

E

Environment - Identify patient's home environment and the cultural/diversity aspects that are part of this (home environment includes the patient's daily schedule, support system and level of independence):

- Do you live alone? - How many other people live in your house? - Do you have transport? - Do you get out and meet people? - Who gives you emotional support? - Who helps you when you are ill or need help? - Can you get yourself washed and dressed? - Do you have the ability to shop/cook for yourself? What time of day do you usually eat? - What is your largest meal of the day?

Recommended Practice Considerations

This Toolkit aims to provide information, guidance and resources to staff in the community mental health services to help you deliver culturally sensitive services.

Even though it was outside the specific brief for the Toolkit, it was considered important to also include the following two Recommended Practice Considerations. These highlight the need for ongoing cultural competence and the monitoring of outcomes.

Recommended Practice Consideration 1:

MENTAL HEALTH STAFF TRAINING



RECOMMENDED PRACTICE CONSIDERATION 1: MENTAL HEALTH STAFF TRAINING

Rationale

Mental health staff should have the skills, experience, and knowledge to meet the needs of people from minority communities. Understanding the issues and impact of a lack of cultural competence and unconscious bias is very important. According to the National Intercultural Health Strategy, staff training in these areas was a priority, stating that “appropriate intercultural training and support for staff is a fundamental principle of the strategy”, and recommended that all those working in mental health services should be trained in cultural awareness and sensitivity and that all managers and staff should receive compulsory training on this issue.

Recommendations



- ★ When providing mental health services to people from other countries and cultures, specific cultural knowledge and understanding is required.
- ★ Mental health professionals need to know how assessments are performed, the way diagnoses are made, and the different sorts of interventions used. This will require sensitivity to cultural differences and diversity, alongside respectful and open communication with the communities themselves.
- ★ Employing professionals from a wide variety of backgrounds and cultures in mental health services will help meet the needs of the diverse population in Ireland.
- ★ This is best done by raising awareness and offering training for mental health professionals. Extra resources should also be given to other ethnic groups, like sessions to help increase understanding of culture and unconscious bias.
- ★ There is a responsibility on mental health services to ensure equality in recruitment and retention of staff - regardless of their ethnicity. This includes members of the Traveller community, and also focuses on fairness in the delivery of services to ethnic minority communities.

Practical Considerations and Resources



Considerations

There are specific ways to provide a culturally sensitive service and mental health services and staff should:

- ✱ Embed the ethos and understanding of the issues of cultural competency and unconscious bias in existing structures and systems. This can be done by ensuring that there is an organisational commitment to emphasising this ethos and understanding. And this is best done through proactive leadership and action including undertaking this awareness for themselves and their staff as a basic requirement.
- ✱ Ensure that a commitment to cultural competency is reflected in the vision, goals, and mission of the service and that this is supported by an actionable plan.
- ✱ Promote a commitment to cultural competency through system-wide approaches that are reflected in written policies, practices, procedures, and programmes.
- ✱ Develop and monitor strategies to enhance cultural competency skills and knowledge within the service and among staff.
- ✱ Ensure that staff and management engage in Continuous Professional Development to enhance their skills and knowledge in working with people from ethnic minority communities.
- ✱ Reflect the demographics of the workplace and recruit staff from ethnic minority communities, creating a diverse leadership and staff at all levels of the service.
- ✱ Expand your recruitment base and advertise job opportunities among minority groups and post information in multiple languages.
- ✱ Collaborate with relevant stakeholders to build potential workforce capacities and recruit diverse staff.
- ✱ Create a workplace that respects cultural diversity and meets the challenges that a culturally diverse staff may bring.

- ★ Give the workforce the necessary resources and supports to deliver mental health care that is culturally competent. This includes providing training and raising awareness to improve their cultural sensitivity and responsiveness.
- ★ Provide space for staff to think about the cultural aspects of mental health care and have conversations at work about language and culture issues.
- ★ Supervise and advise staff on an ongoing basis to support them in their performance in working with people from minority communities.
- ★ Allocate resources on an ongoing basis to train all staff in cultural competency, and unconscious bias, to help better meet the needs of people from ethnic minority communities.
- ★ Make use of online publications/education materials on cultural competency.
- ★ Monitor and evaluate the training, skills, and knowledge of staff in the area of cultural competency.
- ★ Develop post training staff evaluations on the effectiveness and application of the training in cultural competence.
- ★ Incorporate cultural competency into staff evaluations.
- ★ Include human resources management policies and practices that should include cultural responsiveness references in job descriptions, performance reviews, and promotions.
- ★ Develop, maintain, and review internal communication systems for sharing cultural diversity information and data.
- ★ Involve people from ethnic minority groups in planning and delivering cultural competency training.
- ★ Ensure that cultural competency training has an understanding of the various ways and extent to which people in ethnic minority groups are marginalised.
- ★ Engage with the local community in order to learn about people from different ethnic minority communities.



Resources to help staff better understand the impact of unconscious bias and a lack of cultural competency in mental health service delivery - workplace practice

This section provides three resource examples, specifically principles and tips on the issues of cultural competency and unconscious bias. You'll also find a draft training session outline to help meet the necessary cultural competency training requirements.

Some guiding principles of cultural competency

- Valuing the person's cultural beliefs.
- Recognising the complexity in language interpretation.
- Continuous self-information and learning.
- Involving the community in defining and addressing needs.
- Educating and training mental health staff in culturally and linguistically appropriate policies and practices on an ongoing basis.
- Establishing a partnership with the community in the design and delivery of culturally appropriate services.
- Ensuring the competence of people providing language assistance and understanding that the use of untrained individuals and/or minors as interpreters should be avoided.
- Providing easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

How to overcome Unconscious Bias and Improve Cultural Competence Practice



- Be aware of unconscious bias.
- Don't rush decisions, just take your time and consider issues properly.
- Justify decisions by evidence and record the reasons for your decisions, for example during a discharge exercise.
- Try to work with a wider range of people and get to know them as individuals. This could include working with different teams or colleagues based in a different location.
- Focus on the positive behaviour of people and not negative stereotypes.
- Employers should implement policies and procedures which limit the influence of individual characteristics and preferences.
- Recognise and acknowledge our own bias.
- Take conscious action to reduce bias.
- Regularly review and challenge ourselves.
- Meet more people from communities and groups individuals have bias around.
- See difference as an opportunity for learning and development.
- Be impartial about facts but understand feelings.
- Use positive images and words.
- Use clear, non-biased language.
- Conduct Self-Assessment - Taking an honest "look" into our unconscious.
- Honestly explore values, beliefs, and attitudes about others.
- Engage the entire organization and the larger community in the self-assessment.
- Consider whether workplace practice ensures equity in service delivery.
- Learning about Unconscious Bias and Cultural Competence.
- Reframing from "discrimination" to focus on fair treatment and respect.
- Embrace and use schemes such as the Cultural Competence Ethnic Minority Mental Health Workplace Good Practice Certification Scheme.

Cultural Competency & Unconscious Bias Awareness-Raising



Session Outline

Diverse Cymru's interactive Cultural Competence Awareness Sessions provide participants with key information to create a better understanding of unconscious bias and cultural competence. The sessions also cover the impact that these issues can have on ethnic minority communities, and are guided by the values of respect, honesty, and participation. They involve theory, activities, sharing, and learning from each other.

Positive change can be made in any part of an organisation and our awareness sessions promote good practice in workplaces for both staff interactions and the services provided to your service users. Over 200 sessions have now been delivered by Diverse Cymru to a variety of public, private and community & voluntary sector workplaces. To date the feedback has been excellent, with praise for both the delivery approach and content of the sessions.

Session Aims and Objectives

Aims

- ★ Provide a better understanding and raise awareness of the inequities in the services received by ethnic minority communities
- ★ Provide a better understanding of the impact that unconscious bias, and the lack of cultural competence can have in the services delivered to ethnic minority communities
- ★ Exploration of how to address these issues to improve the services received by ethnic minority communities

Objectives

- ★ Understand the reasons for the disparities in the services received by ethnic minority communities
- ★ Understand the potential barriers that may be faced by people from ethnic minority communities
- ★ Understand the importance and need to provide culturally competent services that are free from unconscious bias

Session Approach

This interactive participative session should be guided by the values of Respect, Honesty, and Participation. Through a mixture of theory and best practice supported by participation activities, the session will provide your team with key information to meet the above aims and objectives. Importantly, it will also help participants to learn from each other.

Session Format

1. Welcome

- Introductions, ground rules and expectations
- What is diversity?

2. Ethnic minority communities - service delivery inequity

- Need, issues, barriers and challenges

3. Culture and cultural competence

- What is culture / cultural diversity?
- What is cultural competency?

4. Unconscious bias

- What is unconscious bias?

5. Exploration of impact on health care practice

- The impact of a lack of cultural competence and of unconscious bias in service delivery

6. Practical consideration

- What can we do to improve cultural competence and overcome unconscious bias?
- Getting started
- Next steps

7. Summary and questions

Recommended Practice Consideration 2:

ONGOING EVALUATION, REVIEW AND MONITORING



RECOMMENDED PRACTICE CONSIDERATION 2: ONGOING EVALUATION, REVIEW AND MONITORING

Rationale

Mental Health Reform believe that mental health services should undergo regular, systematic evaluation and review. This will ensure that the mental health needs of people from ethnic minority communities are being met.

Recommendations

- ★ Establishing systems to gather information on the health status and needs of people from diverse cultures and ethnicities. Lack of information in this regard makes it harder to identify and address the health needs of people and monitor progress around interventions.
- ★ A country-wide equality monitoring system, for ethnic minority communities with wide ethnic minority community identifiers, is required. This will ensure fairer mental health service delivery for all groups in Ireland. It should include community health outcomes and data on service utilisation, equity of access and quality of service for people from ethnic minority communities in Ireland.
- ★ A specific analysis should be carried out about the prevalence of mental health difficulties in each ethnic minority group. This will help develop the services needed for ethnic minority communities in Ireland.



Practical Considerations and Resources

Considerations

There are specific ways to provide a culturally sensitive service in this context. And to do so, mental health services and staff should:

- ★ Ensure that cultural competency is incorporated and monitored throughout the service's planning and operations.
- ★ Identify goals, objectives, and timelines to provide culturally and linguistically appropriate services.



- ✦ Establish accountability mechanisms throughout the service, including staff evaluations, user satisfaction levels, and quality improvement measures.
- ✦ Involve local people (in the workplace area) in the design and implementation of culturally competent service provision, and monitoring systems.
- ✦ Review demographic data in the design and delivery of culturally competent mental health services.
- ✦ Conduct workplace assessments to ensure that care is delivered in a culturally competent manner.
- ✦ Conduct a workplace cultural audit using cultural competency assessment tools to assess workplace practices and procedures. This will provide some guidance as to the current level of cultural competency within the workplace.
- ✦ Develop a comprehensive action plan to put in place gradual changes to help improve cultural responsiveness and competency.
- ✦ Raise awareness of cultural competency and unconscious bias through training at a national and local level for all staff. Training should detail the impact on the delivery of equitable services for ethnic minority communities.
- ✦ Use results from assessments to identify existing resources (e.g., existing relationships with community-based ethnic minority groups) as well as weaknesses (e.g., the absence of translated signage or cultural competency training). Assessment results will also uncover opportunities to help you improve the service's structural framework and ability to address cultural and linguistic competence in care (e.g., revise mission statement, recruit people from diverse cultures into policy and management positions).
- ✦ Following assessment, carefully plan culturally-competent services. Establish ongoing assessment programmes to help monitor the service's progress in implementing cultural competency and refining strategic plans.
- ✦ When admitting or assessing new service users, record demographic data to assess the mental health needs of people from ethnic minority communities. Types of information to collect could include ethnicity, nationality, birthplace, ability to speak English, language(s) other than English spoken, preferred spoken/written languages or other mode of communication, education, informed of right to interpreter services, request for, and/or use of, interpreter services.

Resources to assist in the ongoing monitoring review and evaluation of cultural competency



This section provides a specific resource to ensure the ongoing evaluation of workplace practice principles

NOTE: *To meet all the above evaluation and review considerations in an Irish context, this guide will use an adapted version of the Cultural Competency Ethnic Minority Workplace Good Practice Certification Scheme.*

Cultural Competency Ethnic Minority Workplace Good Practice Certification Scheme

A positive way to achieving cultural competence

The scheme aims to:

- Proactively address the inequality faced by people from ethnic minorities using mental health services in Ireland. It recognises the importance of cultural sensitivity and cultural competence in order to make a difference in the quality of the mental health services provided.
- Give mental health teams the help they need to deliver culturally sensitive, culturally-competent mental health services to ethnic minority communities in Ireland.
- Consider issues related to the potential for unconscious bias, using an evidence-based approach. This should focus on helping workplaces to meet and respond to the needs of your ethnic minority service users in a cost-effective way.
- Use an established accredited body to provide certification verification. This will help your workplace to work towards providing excellent, practical, culturally appropriate services.
- Focus on supporting workplaces to meet and respond to the needs of ethnic minority service users effectively, with an eye on costs and resources.
- Enable workplaces to gradually work towards providing excellent, practical culturally appropriate services.
- Give mental health practitioners relevant techniques and interventions to deliver an effective culturally competent, service user-centred service.

	Foundation	Developing	Competence	Excellence
<p>Assessment Levels</p> <p>Assessment Areas</p>	No clear or reliable evidence of mental health cultural competency good practice	Limited or informal evidence of mental health cultural competency good practice	Consistent and reliable evidence of mental health cultural competency good practice	Able to demonstrate embedded evidence of mental health cultural competency best practice (minimum of 2 years).
<p>Environment and Organisational / Management Commitment</p> <p>The workplace environment plays a crucial role in determining how inclusive and welcoming the services provided are. Visible practical commitment particularly from senior managers is also vital if the workplace is serious in ensuring equitable mental health services are provided to ethnic minority communities</p>	Recognition of environment requirements	Discussion of environment requirements	Discussion and provision of environment requirements	Service provision of environment requirements, integral to strategy and plans.
<p>Communication and Consultation</p> <p>There is a need for a continual two-way communication and consultation process. This involves the continual checking of how the other person has heard or understood what has been said. Dialects and accents must also be considered.</p>	Recognition of communication requirements	Ad hoc approach of communication requirements	Positive communication provision	Consistent and positive communication provision

<p>Cultural Competence Understanding and Professional Development</p> <p>The ability to relate to people from various groups and backgrounds. Culturally competent mental health services respond to the unique needs of members of the ethnic minority communities. Services are culturally sensitive and provide culturally appropriate prevention, outreach, assessment, and intervention</p> <p>Training is crucial to develop the cultural capability of staff working with diverse cultural communities, supporting the delivery of culturally capable services. The workplace needs to be willing to challenge familiar ways of interacting, and to undertake ongoing proactive training and awareness-raising</p>	<p>Recognition of need for cultural sensitivity</p> <p>Recognition of equality and diversity training needs</p>	<p>Limited knowledge of cultural sensitivity</p> <p>Recognition and provision of equality and diversity training needs</p>	<p>Good knowledge of cultural sensitivity</p> <p>Provision, promotion and inclusion of equality and diversity training needs</p>	<p>Excellent knowledge and understanding of cultural sensitivity</p> <p>Mandatory tailored and evaluated promotion and provision of equality and diversity training needs</p>
<p>Outcomes and Engagement</p> <p>There is a need for effective monitoring and review to ensure that services meet the needs and expectations of the ethnic minority communities receiving mental health services. This involves meaningful engagement of service users in designing, developing, and delivering services involving families and the community.</p>	<p>Recognition of engagement needs</p>	<p>Ad hoc or partial monitoring of engagement needs</p>	<p>Regular and appropriate processes of engagement need</p>	<p>Comprehensive focused monitoring integrated of engagement needs</p>

CONCLUSION

As a mental health professional in Ireland, this Toolkit gives you examples of good workplace practice which this Toolkit call '*Recommended Practices/ Considerations*'. These are supported by practical guidance and resources for everyone providing mental health care to ethnic minority communities, from primary to specialist mental health services and supports.

For all mental health service users, recovery should be all about how practitioners can support them on their journey, and this includes people from ethnic minority communities. Everyone should get the support they need to understand and cope with their mental health difficulties. And they must be able to build on their own strengths and resourcefulness, establish supportive networks, and follow their own dreams, as they are entitled to under human rights law. Ultimately, recovery is a personal process and is unique to each person, no matter what their background.

In assisting this recovery, mental health workplaces play a vital role. All professionals must ensure that services provided to ethnic minority backgrounds are equitable, culturally-competent, and free from unconscious bias. It should be ensured that change and improvement can be properly evaluated, reviewed, and monitored. Unfortunately, there is a disparity in the provision and delivery of mental health services to ethnic minority communities.

In order to deal with these inequalities and disparities, just providing information is not enough. With this in mind, in *Recommended Practice Considerations 1 and 2*, the Toolkit includes an outline of the awareness-raising sessions that may be needed (*Recommended Practice Considerations 1*). This guide has also given an example of a simple cost and resource-effective certification approach to help evaluate, review, and monitor workplace action to better ensure equity (*Recommended Practice Considerations 2*). It is hoped that the certification scheme will be embraced as a positive way forward in the provision of equitable services for all.



APPENDIX A - TERMINOLOGY AND LANGUAGE

When it comes to talking about ethnic minority groups, terminology is important, as the terminology used can carry weight in terms of emotion, respect, and personal identity. Some people may feel uncertain or confused about what terminology to use when talking about minorities.

It is important to identify which groups in Ireland that this Toolkit is aimed at. And this is not easy as there is no internationally agreed definition as to which groups constitute minorities. There is a general view that minorities can be identified as a group numerically inferior to the rest of the population. Smaller or minority groups are typically in a non-dominant position based on factors such as national or ethnic, cultural, religious, and linguistic identity. Keep in mind that the existence of a minority is a question of fact, and that any definition must include both objective factors (such as the existence of a shared ethnicity, language, or religion) and subjective factors (including that individuals must identify themselves as members of a minority).

Terms for identifying minority ethnic groups - FYI

A variety of terms are used to refer to particular groups of people from ethnic minority communities or cultures. The 4 most common are:

BME/BAME

Black and Minority Ethnic or Black, Asian and Minority Ethnic is the terminology normally used in the UK to describe people of non-white descent. Both terms are widely used within organisations and policy literature.

BLACK

This is how people of African descent describe themselves in countries such as Great Britain, South Africa, the US, and parts of Europe. In the UK the term was also used (and can still be) in a political sense by other minority ethnic groups, especially Asians, who feel that their common experience of racism outweighs cultural differences.

ETHNIC

Ethnicity refers to the social group that a person belongs to or is perceived to belong to. This is based on a mix of cultural and other factors including language, diet, religion, ancestry, and physical features traditionally associated with race.

RACE

The term 'race' refers to a group of people defined by their race, colour, nationality (including citizenship), ethnic or national origins.

It is important to note that all definitions seeking to identify different categories, such as race and ethnicity, are socially constructed concepts. They are not based on real life metrics, and cannot be as objective or quantifiable as for example definitions of age or gender. With this in mind, it is accepted that an individuals' self-definition of themselves is based on how and what group they see themselves as belonging to. For this cultural competency Toolkit, Diverse Cymru spoke to people who are from an ethnic minority background, inclusion experts, and the steering group. So the term *Ethnic Minority Communities* as defined below is used throughout, taking note of the above self-classification 'definition caveat except where quoting sources which have used other specific terminology.

Ethnic Minority Community Definition

Refers to non-white members of the community in Ireland, and also as identified in the 2016 Ireland census, minority groups such as, Roma, Gypsy, Traveller, South American, Chinese and Eastern European categories

This is not a term that all will agree on, but we must ensure that uncertainty over terminology does not become a barrier for having important conversations or taking necessary action. Recommended language will evolve, and we must all continue to listen, learn, and update our use of language as appropriate.

In this Toolkit, we are mainly talking about supporting ethnic minority communities. But the Toolkit recognises that effective diversity and wellbeing strategies take more holistic approaches. And these account for the multiple aspects of peoples' lives and identity that may impact their experiences. For example, people who are from a similar ethnic minority background are unlikely to have the same experience as they may be a different gender, different socio-economic classes or live with a disability. Workplaces should also consider this range of difference to ensure that the right support is provided.

APPENDIX B - RESEARCH OF ETHNIC MINORITY COMMUNITIES - EQUITY CHALLENGES

Research shows that there are significant over-representation and misdiagnosis of ethnic minority groups with specific mental health difficulties in certain sections of the mental health services. And due to the low take-up rates in these communities, services are often under-utilised. In general, ethnic minority communities are more likely to:

- Fare less well in the mental health systems in Europe, the UK, and America.
- Experience problems in accessing services.
- Have lower satisfaction with services.
- Experience cultural and language barriers in assessments.
- Have lower GP involvement in care.
- Have inadequate support for community-based initiatives.
- Have a negative or enforced pathway into mental health services
 - higher compulsory admission rates to hospital
 - higher involvement in legal system and forensic settings
 - higher rates of transfer to medium and high secure facilities
- Have higher non-voluntary admission rates to hospital.
- Experience lower satisfaction with hospital care.
- Have lower effectiveness of hospital treatment.
- Have lower access to talking treatments.
- Lack understanding of the impact of terminology (i.e., ethnicity, ‘culture bound disorders’) and national surveys on health and mental health across different ethnic groups, and exploration into the development of anti-racist health promotion and practice.
- Be negatively affected by the impact of stereotyping.
- Need service providers to work more closely with people from ethnic minority communities before a service is designed and delivered.
- Need information in appropriate languages to support understanding about their mental health difficulty and how they can seek help.

- Need service providers to understand the importance of ongoing reviews that may further help assess ethnic minority communities' needs and make required changes and implementations.
- Need more consideration of the way in which services are used and experienced by people from different ethnic minority. This could be based on their own beliefs, needs, social experiences and expectations in comparison to the attitudes and perceptions of service providers.
- Lack understanding and the acknowledgement of the notion of multiple identities. This can lead to greater inequality, a fact identified in studies by Stonewall which suggests that although the lesbian, gay and bisexual (LGBT) population is ethnically diverse, many LGBT individuals report it is only the colour of their skin that doctors see. It is felt that people from ethnic minority communities are not seen as having multiple identities, and that services needed to recognise that people can be both black and gay.

It should also be noted that:

- ✱ Ethnic minority communities continue to experience inequalities within the U.K. mental health system despite major government policy initiatives.
- ✱ Different ethnic minority groups have different rates and experiences of mental health difficulties, reflecting their different cultural and socio-economic contexts and access to culturally appropriate treatments.
- ✱ Systemic / institutional racism can have a significant impact on ethnic minority communities, including a greater need for mental health services.
- ✱ In comparison to white people, more ethnic minority people are diagnosed with mental health difficulties every year. Ethnic minority communities are also facing barriers in terms of accessing culturally appropriate services, including lack of cultural understanding, communication issues, and where and how to seek help.
- ✱ Although ethnic minority inequalities in mental health have been of concern for decades in the United Kingdom, a gap exists between policies and methods of implementation. This inequality leads to for example, higher incidence rates, and less pathways to mental health care, as is clear from the evidence available.

APPENDIX C – WHAT IS CULTURE?

In simple terms culture can be defined as:

- The characteristics and knowledge of a particular group of people, encompassing language, religion, cuisine, social habits, music, and arts. It is also defined as the ‘way of life’ of groups of people, meaning the way they do things, which incorporates an integrated pattern of human knowledge, belief, and behaviour, relating to attitudes, values, morals, goals, and customs shared by a particular group.
- It is a filter through which people process their experiences and events of their lives.
- It influences people’s values, actions, and expectations of themselves.
- It impacts people’s perceptions and expectations of others.

Culture governs people’s ideas of what constitutes normal and abnormal behaviour. It also shapes how they understand certain disturbances in behaviour and emotion and how they describe those disturbances.

Race, ethnicity, beliefs, norms, and values determine culture. Culture involves the history leading to a group’s economic, social, and political status. It defines roles and behaviours. All of this affects families’ willingness to seek and receive mental health services for themselves and their children. Their emphasis on treatments, including ceremonies and rituals, will be helpful for you to know to provide culturally appropriate services. When mental health services are culturally-competent in approach and delivery, the services are more effective.

The cultural appropriateness / competence of mental health and health services may be the most important factor in the accessibility of services by ethnic minority communities. Developing culturally sensitive practices can help reduce barriers to effective treatment.

What Is Cultural Competence?

Culture influences how we view our health. It influences help-seeking behaviour both in terms of access and care/treatment. All cultures have beliefs and practices which are unique and which they use to explain and manage ill health and mental health difficulties. These in turn influence how mental health difficulties are experienced. In that way, it is important that service providers are culturally competent. Cultural competence was described as:

“having the right policies, knowledge and skills to meet the needs and practices of people from different cultural backgrounds.”

Cultural knowledge, cultural awareness, and cultural sensitivity all express the idea of improving cross-cultural capacity and leading to cultural competence. Understanding and practicing cultural competence is often described as having 4 stages, as illustrated in the following definitions:

- 1. Cultural awareness** involves identifying individual and organisational values that inform the practice of caring for people from ethnic minority groups.
- 2. Cultural knowledge** is crucial to an understanding of the service user, causes and experience of mental health difficulty and the mental health system.
- 3. Cultural sensitivity** relies on a range of interpersonal and communication skills. This can only be achieved if service users are true partners. The foundation of cultural sensitivity is mutual trust, respect, empathy, and action. It involves knowing that cultural differences as well as similarities exist, without assigning values, i.e., ‘better or worse’, ‘right or wrong’, to those cultural differences.
- 4. Cultural competence**, however, is the capacity to provide effective services taking into account the cultural beliefs, behaviours and needs of people: it is therefore made up of cultural awareness, knowledge and sensitivity as well as the promotion of anti-oppressive and anti-discriminatory policies.

In organisations, cultural competence is a set of compatible behaviours, attitudes and policies that come together in a service or among professionals, and enables those professionals to work effectively in cross-cultural situations. In that way, cultural competency emphasises the idea of effectively operating in different cultural contexts, taking on board the person’s specific needs.

Research shows that a lack of cultural competence in service provision is a lack of understanding of cultural difference. And this can be reinforced by the impact of the unconscious bias in workplace practice.

Action must be taken to support services where staff are can deliver culturally-appropriate care that's tailored to individuals. This should take account of their ethnicity and the range of other factors that make people who they are. It should also challenge any unconscious bias assumptions that service users from ethnic minority groups need the same care based on their race and culture.

Cultural competence means being equal and non-discriminatory in your practice and behaviour. A balanced approach to others needs to be taken, in which cultural identity and cultural context are taken into account. Like competence in general, cultural competence is the responsibility of both the person and the organisation.

The Need for Cultural Competence

An increasingly diverse Ireland challenges mental health care providers, health care systems, and policy makers to create and deliver culturally competent services. Cultural competence is defined as the ability of providers and organisations to effectively deliver health care services that meet the social, cultural, and linguistic needs of service users.

A culturally competent health care system can help improve health outcomes and quality of care. It can also help to eliminate racial and ethnic health disparities in the system. This can be done by providing relevant training on cultural competence and cross-cultural issues to health professionals. Creating policies that reduce administrative and linguistic barriers to service user care will also play an important role.

Culturally-competent organisations have improved health outcomes, increased engagement from service users, and greater participation from the local community. Additionally, organisations that are culturally competent may have lower costs and fewer care disparities.

APPENDIX D – WHAT IS UNCONSCIOUS BIAS?

Unconscious bias is:

- The associations between our attitudes to certain things and certain people that we are generally not aware of. It is influenced by:
 - Nature – Your physical environment and surroundings
 - Nurture – Your upbringing
 - Experiences – Your lived experiences
- The subconscious prejudices we might refer to as people preferences, which affect everyone
- The inclinations, attitudes or stereotypes that affect our understanding, actions, and decisions that form outside our own conscious awareness
- A kind of prejudice you have that you aren't aware of, that affects the kinds of impressions and conclusions that you reach automatically, without thinking
- Sometimes referred to as Unconscious Prejudice, Implicit Bias or Hidden Bias
- Unconscious Bias underlies many of our patterns of behaviour and can be positive as well as negative
- It has often been assumed that discrimination was conscious. However, research now says the majority of discrimination stems directly from the information stored in our unconscious mind
- Stress or tiredness may increase the likelihood of decisions based on unconscious bias

Impact

- Unconscious bias can influence decisions in recruitment, promotion, and service delivery. It could be discriminatory when the unconscious bias relates to a protected characteristic
- Unconscious bias occurs when people favour others who look like them and/or share their values. For example, a person may be drawn to someone with a similar educational background, from the same area, or who is the same colour or ethnicity as them
- Unconscious bias key points
- Everyone has unconscious biases. The brain receives information all the time from our own experiences and what we read, hear, or see in the media and from others. The brain uses shortcuts to speed up decision-making, and unconscious bias is a by-product. There are times when this sort of quick decision-making is useful, for example if faced with a dangerous situation. However, it is not a good way to make decisions when recruiting staff or delivering services
- Conscious thoughts are controlled and well-reasoned. Unconscious thoughts can be based on stereotypes and prejudices that we may not even realise we have. For example, stereotypes surrounding tattoos may subconsciously suggest a person is unlikely to conform and follow rules
- Many of our brain functions, emotional responses, and cognitive processes fall outside of our conscious awareness
- We rely on stereotypes, even if we don't consciously believe in them
- Our brains are hardwired to make unconscious decisions
- We have to make decisions very quickly
- Direct link between our unconscious thinking and our actions and behaviour
- Unconscious bias may lead a person to act in a way that is at odds with their intentions
- Unconscious bias influences people subtly, not overtly. It derives much of its power from the fact that people are unaware of it
- It's natural - Unconscious bias is a fact of life. Everyone has them and can take them into the workplace
- It's unintended. Most of us are unaware of our unconscious bias - On a conscious level, most of us would say that we do not discriminate; our "hidden" brains may, though

- You are not alone - We all suffer from having prejudices. They are simply mental shortcuts based on social norms and stereotypes. However just because you may possess hidden biases, prejudices, or stereotypes does not mean that your practices are necessarily discriminatory
- Most of us believe that we are ethical and unbiased - We imagine we're good decision makers, able to objectively size up things and reach a fair and rational conclusion that's in our best interests
- However, there is plenty of evidence that suggests that more subtle, covert types of discrimination do occur in our work and day-to-day life, and lots of research confirms that this is often the reality

Influences and impact of unconscious bias and a lack of cultural competency

- Whom we employ
- How much we listen to people who are different
- How much we involve people who are different
- How we design services and projects
- How we interact with service users and stakeholders

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**THANK
YOU!**

CULTURAL COMPETENCY TOOLKIT



Design: foxandmouse.ie

PRACTICES

ATTITUDES

VALUES

BEHAVIOURS



Rialtas na hÉireann
Government of Ireland



Seirbhís Sláinte | Building a
Níos Fearr | Better Health
à Forbairt | Service



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